

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

DATE \_\_\_\_\_

**SUPPLEMENTAL QUALIFICATIONS STATEMENT  
AIRSPACE SYSTEM INSPECTION PILOT - GS-2181-9/11/12**

**Section 1: Background Information**

1. Are you able to communicate orally and in writing in the English language? \_\_\_\_\_

2. Are you able to communicate orally and in writing in any language other than English? If so, what language? \_\_\_\_\_

**Section 2: Military Service**

1. Have you ever served on active duty in the United States military service? \_\_\_\_\_

2. If so, list the branch of service and the dates of active duty military. \_\_\_\_\_

3. If you entered the military after October 14, 1976, did you serve in a war or in a campaign or expedition for which a Campaign Badge or Expeditionary Medal was authorized. If yes, list the exact title of the badge or expeditionary medal. \_\_\_\_\_

4. Were you (or do you expect to be) discharged under honorable conditions? \_\_\_\_\_

5. Did you retire from military service at or above the rank of major (O-4) or its equivalent? \_\_\_\_\_

**If you claim 5 point preference, a copy of your DD-214 must accompany this application. If you claim 10 point preference, you will be required to complete a Standard Form 15 and provide the documentary proof called for in that form. (The SF-15 is the "Application for 10-Point Veteran Preference" form and can be obtained from any Federal employment office.) If proof is not provided, your application will be processed without veteran preference.**

**Section 3: Basic Requirements**

1. Do you hold a current commercial pilot certificate with single and multiengine land and instrument airplane ratings? \_\_\_\_\_

2. Do you hold a current air transport pilot certificate? \_\_\_\_\_

3. Do you hold a current first class medical certificate? \_\_\_\_\_

4. List total flight hours (pilot-in-command (PIC) and second-in-command (SIC)) flown. \_\_\_\_\_

5. List number of PIC flight hours flown. \_\_\_\_\_

6. List total number of night flying hours flown as PIC or SIC. \_\_\_\_\_

7. List total number of actual instrument weather flight hours flown as PIC or SIC. \_\_\_\_\_

8. List total number of instrument flight hours (weather, simulator, hood, etc.) flown as PIC or SIC. \_\_\_\_\_

9. List total number of flight hours flown as PIC or SIC within the last 12 months. \_\_\_\_\_

10. Check one or more of the locations where you are willing to work.

- ☐ Atlanta, GA
- ☐ Atlantic City, NJ
- ☐ Battle Creek, MI
- ☐ Oklahoma City, OK
- ☐ Sacramento, CA

#### **Section 4: Additional Information**

**Since there is no longer a standard application form for applying for Federal positions, it is often difficult to determine the most qualified individuals for the limited positions that are filled based on the information provided. It is not mandatory that you respond to the following questions; however, if specific information cannot be determined from your application, it could make a difference in reaching your name for employment consideration.**

1. List number of multiengine flight hours flown as PIC or SIC in fixed wing aircraft under 12,500 pounds gross take off weight. \_\_\_\_\_

2. List number of multiengine flight hours flown as PIC or SIC in fixed wing aircraft over 12,500 pounds gross take off weight. \_\_\_\_\_

3. List number of flight hours flown as PIC or SIC in rotorcraft less than 12,500 pounds gross take off weight. \_\_\_\_\_

4. List number of flight hours flown as PIC or SIC in rotorcraft over 12,500 pounds gross take off weight. \_\_\_\_\_

5. Do you have one year or more experience as PIC in fixed wing aircraft conducting operations under Federal Aviation Regulation (FAR) 135 within the last five years? \_\_\_\_\_

6. Do you have six months or more experience as SIC in fixed wing aircraft conducting operations under FAR 135 within the last five years? \_\_\_\_\_ If yes, list the number of months. \_\_\_\_\_

7. If you hold an airline transport pilot certificate, do you have a airplane multiengine land rating? \_\_\_\_\_

8. Do you have work experience in flight inspection as a pilot or airborne electronics technician performing the full range of duties associated with airborne inspection NAVAIDS; i.e., ILS, VOR, TACAN, NDB, and RADAR? \_\_\_\_\_

9. Do you have work experience as an air traffic controller within the last five years as a certificated air traffic controller (civil or military) responsible for formulating and issuing clearances to IFR traffic? If so, please list experience.

\_\_\_\_\_

\_\_\_\_\_

10. Do you have type rating(s) for fixed wing aircraft? If so, please list all of the fixed wing aircraft for which you have type ratings. \_\_\_\_\_

\_\_\_\_\_

11. Do you have type rating(s) for rotorcraft? If so, please list all of the rotorcraft for which you have type ratings.

\_\_\_\_\_

12. Do you have an Associate Degree? If so, list the school and year degree was received. \_\_\_\_\_

13. Are you a college graduate of a four-year accredited aviation science program? If so, list the school, type of degree, and the year degree was received. \_\_\_\_\_
14. If you are a college graduate from a school other than the above, list the school, type of degree, and the year degree was received. \_\_\_\_\_
15. Do you have a graduate degree? If so, list the school, type of degree, and the year degree was received. \_\_\_\_\_
16. Have you attended an FAA flight inspection course? If so, list course title, month and year the course was attended. \_\_\_\_\_
17. Do you have work experience in NAVAIDS maintenance? If so, list job title, month, and year of most recent work experience. \_\_\_\_\_
18. Have you held an officer or leadership role as a member of a professional group? If so, please list the professional group and the position that you held. \_\_\_\_\_
19. Do you have work experience in writing technical reports or summaries? If so, elaborate on the work experience. \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

#### **PRIVACY ACT AND PUBLIC BURDEN STATEMENTS**

Public Law 104-50 allows the Federal Aviation Administration to rate applicants for employment. We need the information you put in your application package to see how well your work skills qualify you for employment with the FAA. We also need information regarding military service to see whether you are affected by laws we must follow in deciding who may be employed by the Federal Government.

Executive Order 9397 authorizes the solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management, this creating proper identification of applicants throughout the selection and employment process. The information we collect by using your SSN will be used for employment purposes and also may be used for studies, statistics, and computer matching to benefit payment files. Furnishing your SSN or any of the other information specified in the vacancy announcement is voluntary, however, failure to do so will prevent the processing of your application and will prevent consideration for employment.

Public burden reporting for collection of this information is estimated to be one to three hours, including time for reading instructions and completing the required information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to: Federal Aviation Administration, Office of Human Resource Management, 800 Independence Avenue SW, Washington, DC 20591.

**The nature of the information received is confidential and will be handled appropriately by authorized officials. This information becomes part of the Privacy Act System of Records as identified in 5CFR 552a, under OPM/GOVT-1 General Personnel Records.**

**OMB 2120-05**

# RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Please use a standard #2 lead pencil or black or blue pen to complete this form. Print plainly and carefully in capital block letters in the squares. Do not make or leave stray marks on the scannable form. Fill in the boxes with the requested information, or mark the appropriate box to indicate your response.

**First Name**

**I Last Name**

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**Social Security Number**

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**Gender**

☐ M ☐ F

The categories below provide descriptions of race and national origins. Read the Definition of Category descriptions and then blacken the oval next to the category with which you identify yourself. If you are of mixed race and/or national origin, select the category with which you most closely identify yourself. Please mark only one oval.

**Name of Category**

**Definition of Category**

- |   |  |
|---|--|
| <input type="radio"/> American Indian or Alaskan Native | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.  |
| <input type="radio"/> Asian or Pacific Islander         | A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. For example, this area includes China, India, Japan, Korea, the Phillippine Islands, and Samoa. |
| <input type="radio"/> Black, not of Hispanic origin     | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.                                     |
| <input type="radio"/> Hispanic                          | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin.  |
| <input type="radio"/> White, not of Hispanic origin     | A person having origins in any of the original peoples of Europe, North America, or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.     |

**PRIVACY ACT STATEMENT**

Solicitation of this information is authorized by section 2000e-16 of title 42, which requires that agency employment practices be free from discrimination and provide equal employment opportunities for all, and by the Uniform Guidelines on Employee Selection Procedures (1978), 43 FR 38297 et seq. (August 25, 1978), which requires agencies to examine their employee selection procedures to identify any adverse impact those procedures have on women and minorities. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting." This information will be used to make statistical determinations under the Federal Equal Opportunity Recruitment Program (5 USC 7201) and affirmative action programs under section 717 of the title VII of the Civil Rights Act of 1964 as amended. The furnishing of these data is voluntary; however, collection of the information is essential to the design and maintenance of effective recruitment and preemployment processing programs which will provide the best possible employment opportunities to all candidates. You are requested to furnish your social security number (SSN) under the authority of Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Furnishing of the SSN is voluntary; however, failure to provide the SSN may result in inaccurate statistical records.

**PUBLIC BURDEN INFORMATION**

The public reporting burden for completing this form is estimated to vary from 1 to 3 minutes with an average of 2 minutes. This estimate includes time for reviewing instructions, gathering data needed, and completing and reviewing entries. Send comments about the burden estimate or any other aspect of this form, including suggestions for reducing this burden to: Federal Aviation Administration, Office of Personnel, APN-200, 800 Independence Ave. S.W., Washington D.C. 20591; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0040), Washington, D.C. 20503.

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